

is both common and insidious, and if not easily, at all events frequently overlooked. What Sir James Goodhart calls gingivitis probably is pyorrhœa and associated with bone disease and septic absorption. (The term gingivitis as denoting a separate entity is best used when qualified by the word "marginal," and marginal gingivitis is the first stage in the onset of pyorrhœa.) Gingivitis, even if only marginal, is accompanied by septic absorption, and can only be cured by thorough daily cleaning of the teeth. I submit that where there is systemic infection every tooth that cannot be kept aseptic (and free from smell) should be extracted.

In support of his sceptical position Sir James Goodhart quotes "the usual hue and cry which took place when first the oral sepsis explanation of pernicious anæmia was announced." This seems to be unfortunate, since Hunter's position was that though oral sepsis was an important factor the *causa causans* remained to be elucidated.

Sir James Goodhart protests against "wholesale" extraction. For my part I feel that the protest lies the other way—against those who practise any branch of the art of medicine without a thorough knowledge of the details of dental sepsis.

I am, Sir, yours faithfully,

Wimpole-street, W.

J. G. TURNER.

## INSURANCE POLICIES AND THE WAR.

*To the Editor of THE LANCET.*

SIR,—As a matter of importance to many of your readers may I ask you to, if possible, kindly publish this letter and so make known the resolution passed at a special meeting of the committee of the Medical Sickness, Annuity, and Life Assurance F. Society, held on August 21st, a copy of which is appended.

I am, Sir, yours faithfully,

BERTRAM SUTTON, Secretary.

33, Chancery-lane, London, W.C., August 24th, 1914.

### [RESOLUTION.]

Any member serving with His Majesty's Forces on active service abroad shall be allowed to retain his membership without extra premium, and shall, on return to the United Kingdom, come into sickness and accident benefit.

Any member serving with His Majesty's Forces while in the United Kingdom shall be held fully covered for sickness and accidents without extra premium.

Any member insured for life assurance serving with His Majesty's Forces either abroad or in the United Kingdom shall not be charged any extra premium and shall be held fully covered.

## HELMINTHEMESIS.

*To the Editor of THE LANCET.*

SIR,—Dr. A. R. Neligan's letter under the above heading in THE LANCET of June 6th, 1914, p. 1649, reminds me that during some years' practice in Assam I noticed the vomiting of round worms to be a very common occurrence. I particularly remember the case of a young child who was very pale and emaciated. On examining the very distended abdomen large masses of worms could be most easily felt. A mixture of eucalyptus, chloroform, and castor oil was given, and the babu was instructed to count the worms expelled. I saw large quantities of them the next day, and I was informed that up to 1000 had been counted and that then the babu had become tired of his job.

I am, Sir, yours faithfully,

Suva, Fiji, July 22nd, 1914.

D. J. DRAKE.

## EMPHYSEMA COMPLICATING LABOUR.

*To the Editor of THE LANCET.*

SIR,—Some ten years ago I formed a theory as to the pathology of surgical emphysema complicating labour, and I think Mr. Edward Smeed, whose paper appeared in THE LANCET of August 15th, p. 445, may be able to adduce evidence either in favour of or against it.

There are it seems to me strong reasons against the theory that the emphysema is due to either a rupture of pulmonary vesicles or of "the larger air tubes" (Blundell, Obstetrics, 1830). In all the cases I have seen recorded the face is involved—often chiefly involved. In pneumothorax there is never surgical emphysema of the face and neck. In all the cases of emphysema complicating labour (as in Mr. Smeed's) the most careful examination has failed to discover signs or symptoms of pulmonary disease either before or after the occurrence of the emphysema.

A case recorded by Dr. Wm. Smith<sup>1</sup> suggested to me what seems to be a much more plausible pathology. A little while before reading his case I had come across three cases of fracture of the lacrymal bone associated with—indeed, diagnosed from—surgical emphysema of the face. These were all due to comparatively trivial injuries. In the third case the patient had fallen and struck her nose, but not sufficiently to produce an ordinary black eye. In this case I got the patient to blow the nose a number of times, and with each attempt the surgical emphysema spread, first filling out the eyelids and then spreading over the malar region and the cheek.

Now Dr. Smith's account is as follows: "..... [when the head reached the perineum] the pains became strong and lasted much longer. At this stage the patient's eyelids suddenly became swollen, and she complained that she could not see out of her left eye. The swelling rapidly spread over the face. .... The subcutaneous swelling was found to extend over the whole face, the front and sides of the neck, and over the front of the chest as low as the third rib. .... The emphysema by the fourth day had completely disappeared."

My suggestion is that—remembering how exceedingly thin the lacrymal bone may be—the straining during labour caused a slight laceration of the bone and its mucous covering, and continued efforts forced air first into the eyelids and then over the face and neck. It would be interesting to know whether Mr. Smeed or anyone else who was with his patient noticed where the emphysematous swelling first appeared and in what direction it spread.

I am, Sir, yours faithfully,

Bradford, Sept. 12th, 1914.

JAMES PHILLIPS.

## A FORM OF MASTODYNIA.

*To the Editor of THE LANCET.*

SIR,—Can I be referred by any of your correspondents to a clear account of cases such as that described below? They appear in my experience to be common, but no observer seems to have thought it worth while to mention them in any of the usual manuals. According to my fancy they might be named mastodynia, neuralgia of the mamma, or a form of chronic mastitis. What I wish to ascertain if possible is the anatomico-pathological condition present.

<sup>1</sup> The Stethoscope, November, 1904.